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ECONOMIC AND ENVIRONMENTAL QUESTIONS: REPORTS OF SUBSIDIARY BODIES, CONFERENCES AND RELATED QUESTIONS: PREVENTION AND CONTROL OF ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Progress in the implementation of the global AIDS strategy

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly and to the Economic and Social Council, pursuant to Assembly resolution 47/40 of 1 December 1992 and Council resolution 1993/51, the report of the Director-General of the World Health Organization (WHO) on the progress made in the implementation of the global AIDS strategy.

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I. GLOBAL AIDS SITUATION

1. The cumulative number of AIDS cases reported to the WHO Global Programme on AIDS through the WHO regional offices and WHO collaborating centres on AIDS, as of 31 December 1994 was 1,025,073 from 192 countries. However, the actual total at the end of 1994 was estimated to be over 4.5 million. Reasons for the discrepancy include less-than-complete diagnosis and reporting to public health authorities, as well as delays in reporting.

2. WHO estimates that 19.5 million men, women and children had been infected with the human immunodeficiency virus (HIV) worldwide by the end of 1994. Two thirds or more of all HIV infections to date have been the result of heterosexual transmission, and this proportion will increase to 75 per cent or 80 per cent by the year 2000. By the end of 1994, about half of all HIV infections in the world had been acquired in adolescence and young adulthood.

3. Approximately one out of three children born to an HIV-infected woman is HIV-infected and dies of AIDS, usually by the age of five years; the remainder eventually become orphans when their mothers or both parents die of AIDS. By the end of 1994, about 1.5 million infected children had been born to HIV-infected women, and over half of them had developed AIDS. Most of these children are in sub-Saharan Africa.

4. Conservatively, WHO projects that by the year 2000 a world total of at least 30 to 40 million men, women and children will have been infected with HIV since the start of the pandemic. Even as a conservative estimate, this represents double the present total. If these estimates are accurate, by the end of the 1990s, nearly 10 million AIDS-related deaths may be expected.

II. ACTIVITIES CARRIED OUT IN 1993-1994 BY THE WHO GLOBAL PROGRAMME ON AIDS

A. Technical cooperation

1. Coordination and monitoring of national programme support

5. During 1993-1994, technical cooperation provided to national AIDS programmes was closely monitored to ensure that it responded to priority needs identified by countries, whose activities continued to involve an increasing number of participating sectors, funders and implementers. The Programme's computerized database containing "country profiles" initiated in 1993 was further developed to meet the needs of users - national programmes, donors and staff at headquarters and in regional offices - and now includes information from WHO and other sources on demographic, socio-economic and epidemiological trends, sexually transmitted diseases (STDs), condom programming and blood transfusion services, among others. The following are some examples of activities in the different WHO regions.

Africa

6. Despite the distribution of information and educational materials for AIDS prevention and care, behaviour change remains a challenge for national AIDS programmes in the region. Nevertheless, there has been a dramatic rise in the number of condoms sold or distributed over the past five years. Some countries made special efforts during the year to assess the safety of blood transfusion in health-care settings with a view to developing a national policy. Sentinel surveillance activities are being implemented as planned in many countries, but in some they are hampered by a lack of resources to purchase HIV test kits or maintain equipment. Community mobilization continued to receive attention at the national and district levels with the active participation of the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Health Organization (WHO), many non-governmental organizations (NGOs) and other partners. World AIDS Day activities and consensus workshops for the preparation of updated medium-term plans were often presided over by heads of State or ministers of health. The number of women's organizations and associations becoming involved in AIDS work is growing rapidly, and more external resources are required for their support. Several models of community-based home care now exist that aim to provide a continuum of care for AIDS patients and their families.

The Americas

7. During 1993, second-cycle medium-term plans were completed for Chile, Ecuador and Uruguay, initiated in Bolivia, Colombia, Paraguay, Peru and Venezuela and revised in five Caribbean countries. During 1994, protocols for HIV sentinel surveillance were prepared and implemented for the first time in Argentina, Bolivia, Chile, Paraguay, Peru and Uruguay. An external review was carried out in Mexico; and Cuba prepared a draft of its first medium-term plan. Training activities included two programme management courses (Antigua and Barbuda in June 1994 in English; and Uruguay in November 1994 in Spanish); a workshop on applied epidemiology and strategic planning for Central American and Andean countries in March 1993 in Honduras; workshops for blood safety and quality assurance (Brazil, Chile and Uruguay, 1993); a workshop on surveillance (Chile, October 1994); a condom promotion and logistics workshop (Costa Rica, November 1994); and a course on home-based care for HIV-infected children (Bahamas, June 1994). Protocols to determine the effectiveness of syndromic STD clinical management were developed in Brazil and Peru; and Honduras and Suriname will submit similar protocols shortly.

South-East Asia

8. In 1993, support was given to Bhutan, Indonesia, Mongolia, Myanmar and Sri Lanka to carry out external programme reviews and initiate the process of formulating their second medium-term plans. The Programme continued to emphasize HIV prevention and care and the improvement of AIDS programme planning and management, providing technical support in various fields to all countries of the region. Guidelines for national programme managers on HIV sentinel surveillance were prepared and a training manual on counselling was finalized and distributed to all countries of the region following field-testing in India and Nepal. Intercountry training activities were conducted on programme

management (Thailand, April 1994); HIV prevention indicators (India, July 1994); and condom marketing (Nepal, November 1994). A consultation was organized to develop an information, education and communication strategy for AIDS prevention (India, March 1994).

Europe

9. In order to support the countries of Central and Eastern Europe in the mobilization of national and international resources, a meeting of ministers of health and of finance on investment in health was held in Latvia in April 1993. The major outcomes were the Riga statement and the introduction of the Riga initiative. In 1994 country workplans for HIV/AIDS activities were agreed with 26 member States in Central and Eastern Europe. Assessment visits were carried out in Armenia, Belarus, the Czech Republic, Kazakstan, Kyrgyzstan, the Republic of Moldova, Turkmenistan and Uzbekistan. The trend is towards giving more emphasis to health promotion and ensuring the participation of NGOs in programme implementation. A Russian version of the WHO Global Programme on AIDS management course was produced and used to train staff from Belarus, the Republic of Moldova, the Russian Federation and Ukraine.

Eastern Mediterranean

10. During 1993-1994, health promotion activities continued to receive the highest priority, particularly for the prevention of sexual transmission of HIV. Technical support was provided to national AIDS programmes in the areas of health education, clinical management of HIV/AIDS, planning and evaluation and STD control. Iraq, Lebanon and the Libyan Arab Jamahiriya drew up their first medium-term plans, and second medium-term plans were prepared by Cyprus, Djibouti, Egypt, Jordan, Morocco, Pakistan, the Sudan, the Syrian Arab Republic and Tunisia. External reviews were carried out in Cyprus, the Islamic Republic of Iran, Jordan, Morocco, Pakistan and the Syrian Arab Republic. Intercountry and regional training activities were conducted on the following subjects: epidemiological surveillance (Egypt, April 1993); programme management (Cyprus, April 1994); management of HIV/AIDS and care of persons with HIV (Tunisia, September 1994); and the role of media in AIDS prevention (Egypt and Pakistan, November 1994). Other activities included a regional meeting on the role of women in AIDS prevention and control (Egypt, May 1994) and a meeting of directors of national AIDS reference laboratories (Egypt, November 1994).

Western Pacific

11. During 1993-1994, the national AIDS plans of China, Cook Islands, Fiji, Kiribati, the Lao People's Democratic Republic, Marshall Islands, Papua New Guinea, the Philippines, Samoa, Tonga, Vanuatu, Viet Nam and the territories of French Polynesia and New Caledonia were reviewed, and China formulated its second medium-term plan. Three workshops were held on the improvement of counselling skills (Cambodia, February 1993; Viet Nam, August 1993; and Guam, October 1993). A regional workshop on condom logistics (Manila, February 1994) emphasized the importance of condom quality and the continuity of supply. Two meetings of national AIDS programme managers were held during the year (Guam, March 1994; Manila, August-September 1994). Viet Nam and Papua New Guinea introduced HIV/AIDS into the curriculum of secondary schools as part of health

education or science subjects. In the Philippines the secondary school curriculum was revised to include HIV/AIDS. STD prevalence studies were conducted in Fiji and the Philippines. Technical support was provided to Cambodia on STD case management.

2. Planning, management and training

12. One of the major achievements during 1993 was the field-testing and finalization of the programme management training course, which provides a comprehensive approach for the development of national AIDS programmes. During 1994, 30 facilitators for the course were trained in 4 courses; they in turn helped to train participants from 80 countries in 7 intercountry courses and 2 national courses (Botswana, Kenya). Translations of the 12-module course were completed in Chinese, French, Russian and Spanish. Arrangements were made for field-testing of the first training modules for strengthening district-level management of AIDS prevention, care and support activities in one country of Africa during the fourth quarter of the year. The first course for training trainers on safe blood and blood products, using distance-learning materials, was held in Zimbabwe in October.

13. The procedures for national AIDS programme reviews and medium-term planning were updated to reflect the changed environment facing national programmes. External programme reviews were carried out in 55 countries during the biennium 1993-1994. Of the 129 countries and Territories that had prepared an initial medium-term plan, 70 have used a consensus-building approach to formulate a multisectoral strategic plan.

14. Support was provided to strengthen the managerial and technical skills of national networks of NGOs in India, Kenya, Malaysia, the Philippines and Zimbabwe. A list of essential AIDS information resources was prepared and distributed in English, French and Spanish in collaboration with the Appropriate Health Resources and Technologies Action Group (AHRTAG), United Kingdom. A workshop for training trainers in NGO management and project development was conducted in Bratislava in November 1994.

3. Prevention

15. A meeting to examine broader, policy-oriented approaches that attempt to alter the social or physical environment or circumstances in which risk-taking occurs was convened in September 1993. Case studies from 12 countries with diverse risk situations were analysed and a research agenda drawn up to evaluate such approaches further.

16. A guide on designing and conducting interventions for young people not attending school will be completed by mid-1995. A supplement on youth peer education was published in August 1994 in the AHRTAG newsletter AIDS action, and plans for the expansion of peer education interventions in Ghana and Jamaica are under way. A workshop to promote greater involvement of the private sector was held in Uganda (December 1994). In collaboration with an international insurance company, a series of national workshops were organized in Hong Kong,

Indonesia and Malaysia to encourage the private sector to play a more active role in AIDS prevention and care. In April the technical content and format of the WHO specifications and guidelines for condom procurement were revised. A set of condom programming materials for national managers, including manuals on rapid assessment, promotion and logistics, was finalized and will be available in 1995. A study was conducted to project future condom needs, as part of an overall contraceptive needs study. Global requirements for STD and HIV/AIDS prevention through the year 2005 were estimated to be as high as 20,000 million condoms, costing some US$ 1,200 million.

4. Health care and support

17. Guidelines for the clinical management of HIV infection in adults 1/ were field-tested in national consensus workshops in Barbados, Burundi and Thailand. Based on the result of the field-test, a guide for facilitators of these workshops was prepared, which outlines the methodology for adapting these guidelines to country needs. A similar document, entitled "Guidelines for the clinical management of HIV infection in children" has been finalized. 2/ The AIDS home care handbook was finalized 3/ and the booklet Living with AIDS in the community was revised. 4/ Both are intended to assist district health-care workers in providing HIV/AIDS care, in teaching persons with AIDS and their family members to cope at home, and in encouraging communities to help those infected with and affected by HIV to adopt a positive approach to life.

18. An expert consultation on care held in September re-emphasized the rationale for giving access to comprehensive care, including clinical, nursing, counselling and social support in a continuum from home to hospital, and stressed the close link between such care and prevention. The report of an evaluation of medical, counselling and social services rendered by The AIDS Support Organisation (TASO), Uganda, will help NGOs and Governments to learn from a success story and a participatory approach to evaluation.

19. A handbook on integrating comprehensive AIDS care into district health services was prepared for Ghana and district planning of care is under way in Thailand and Uganda. The development of clinical guidelines was completed with the printing of a French version of the WHO Global Programme on AIDS paediatric guidelines. Additional material to facilitate adaptation of the clinical guidelines to country needs was produced, including a short guide on adapting flow-charts; a clinical slide set for teaching purposes; and a paper on selecting commonly used drugs in HIV/AIDS care. Guidelines for policy makers, programme managers and service providers on appropriate infant feeding modes in the light of the HIV epidemic were finalized and will be available in 1995.

20. Technical support was provided to India on the training of trainers in care and counselling for all States, including an evaluation of methodology at state and district level. Operational studies are in progress in Kenya on the feasibility of integrating HIV/AIDS care into the existing urban governmental and non-governmental health systems, and in India on the training of hospital personnel and community volunteers to provide care at the appropriate level and refer patients when necessary.

5. Surveillance, evaluation and forecasting

21. By the end of 1994, sentinel HIV surveillance had been implemented in 80 developing countries, 17 of which now have extensive systems in place. Trainers from all WHO regions attended a course on surveillance data management (United States of America, June) organized with financial support from the World AIDS Foundation. To assist national AIDS programmes, a methods package for the evaluation of preventive activities was finalized, and training workshops in its use will be conducted in all regions. In addition, protocols were developed for measuring indicators related to discriminatory practices and care for HIV/AIDS patients in health facilities, and they will be field-tested in two countries.

22. Collaboration began with the London School of Hygiene and Tropical Medicine to develop techniques for estimating the cost-effectiveness of six HIV prevention strategies relating to mass media communication, social marketing of condoms, blood safety, school health education, STD services and sex worker projects. Costing guidelines for each strategy have been prepared. Techniques to estimate effectiveness, now being designed, will be field-tested next year.

23. HIV/AIDS forecasting research has focused on achieving a better understanding of the changing patterns of HIV incidence in diverse epidemics. Through collaborative investigations with national AIDS programmes, HIV/AIDS case data from Rwanda, Uganda, the United Republic of Tanzania and Zambia have been analysed. The resulting epidemiological model of HIV incidence suggests a dramatic shift of new infections to younger populations in these countries and provides insight into the dynamics of endemicity. A computer-based programme management information system was field-tested in Namibia and Uganda.

B. Research and intervention development

1. Clinical research and product development

24. An inter-agency working group on the development of vaginal microbicides, established in collaboration with the Special Programme of Research, Development and Research Training in Human Reproduction, established prototype protocols for safety and efficacy testing of such products. A safety study of a vaginal microbicide containing a low dose of the spermicide nonoxynol-9 was successfully completed in several European countries and Thailand, paving the way for a study in Asia and Africa on its efficacy in preventing sexual transmission of HIV and other STDs. A comparative trial of the user-effectiveness of two strategies using male and female condoms to prevent gonorrhoea, chlamydial infection, vaginal trichomoniasis and genital ulcer diseases among sex workers began in Thailand.

25. A meeting to discuss prevention of mother-to-infant transmission of HIV by use of antiretrovirals was convened in June; protocols were prepared for research on short-term peripartum antiretroviral interventions that are feasible, affordable and sustainable in developing countries and the studies will be initiated shortly. An inter-agency working group on the prevention of mother-to-infant transmission of HIV was established to ensure suitability and complementarity of worldwide research efforts in this field.

26. Research on the prevention of tuberculosis continued in Thailand and Zambia, and studies on cost-effective maintenance treatment were started in Uganda for oropharyngeal candidiasis and in Thailand for Penicillium marneffei infections. Protocols on cost-effective prophylaxis of multiple opportunistic infections were developed.

27. A meeting on implications of the newly identified HIV-1 subtype O viruses for HIV diagnosis was convened in June. An inter-agency working group has been established to expedite and coordinate global surveillance and characterization of newly recognized HIV subtypes and to facilitate timely adaptation of HIV antibody tests. Evaluations of such tests in oral fluid (saliva) in Burundi and Rwanda were successfully completed. Field assessments of WHO testing strategies were started in Argentina, Mexico and Uruguay. Field assessments of alternative simple methodologies for CD4+ lymphocyte determinations were initiated in Brazil, Thailand, the United Republic of Tanzania and Venezuela.

2. Vaccine development

28. Field sites for future HIV vaccine efficacy trials are being strengthened in Brazil, Thailand and Uganda. For the purpose of the trials, studies on eight cohorts of HIV-negative volunteers are being supported (three in Brazil and Uganda, and two in Thailand) to obtain accurate HIV incidence rates reflecting the protective effect of current non-vaccine interventions (i.e. counselling, education, promotion of condoms, STD treatment) and to determine the feasibility of compiling information on recruitment and follow-up. Protocols were prepared for repeat phase II trials of two HIV candidate vaccines that have already been tested in their country of origin. Two such trials to be conducted in Thailand were endorsed by the WHO Global Programme on AIDS Steering Committee on Vaccine Development. A meeting in October 1994 examined the scientific and public health rationales for the conduct of efficacy trials of HIV vaccines, especially in developing countries, and concluded that they could be undertaken with the presently available envelope-based candidate vaccines, provided strict scientific and ethical standards are respected.

29. The WHO network for HIV isolation and characterization completed a pilot study to characterize HIV-1 isolates from WHO-sponsored vaccine evaluation sites. A rapid and reliable method for virus genotyping was validated (heteroduplex mobility assay) and is now being used, in conjunction with V3 peptide serology, in more extensive molecular epidemiology studies at the sites. HIV-1 subtypes have different geographical distributions, and subtype C strains were identified for the first time in South America. Complete and functional molecular clones from different HIV-1 genetic subtypes were obtained and are being made available to researchers and the pharmaceutical industry, to stimulate the development of candidate HIV-1 vaccines.

3. Social and behavioural studies and support

30. On the advice of the WHO Global Programme on AIDS Steering Committee on Social and Behavioural Research, research proposals were supported in the following areas: contextual factors affecting risk-related sexual behaviour

among young people; household and community responses to HIV and AIDS; and gender relations in the area of sexual negotiation. Studies were funded in 16 developing countries.

31. A report on sexual behaviour and knowledge about AIDS in the developing world, detailing findings from studies supported by WHO in 15 countries, was completed and will shortly be published.

32. A generic research protocol for studies of the determinants of HIV/AIDS-related discrimination, stigmatization and denial is being finalized, and assessment visits to identify institutions to carry out the study have so far been conducted in nine countries.

4. Prevention research

33. Research continued to focus on assessing the effectiveness of various HIV prevention approaches for populations most vulnerable to HIV infection, in particular, socially marginalized populations. Situation assessments to help to design and plan interventions were conducted in Malaysia (focusing on risk reduction among homosexually active men) and India (focusing on injecting drug users) and are under way in Papua New Guinea (focusing on new sex-work settings).

34. Intervention-linked prevention research was undertaken at several sites. For example, studies are under way in Mexico to determine the effectiveness of condom promotion in migrant sex worker and client populations; in India to assess the feasibility and effectiveness of outreach measures among injecting drug users; and in Uganda, where the additional benefit of STD treatment is being compared with the effect of educational approaches alone. Research began in Zambia to assess the feasibility and impact of economic interventions as a means of minimizing the HIV transmission risk to women traders who are sexually exploited in the course of their work.

35. Preparations are being made for a collaborative multicentre study on the effectiveness of voluntary counselling and testing as a prevention strategy. This study, the first randomized controlled trial to be undertaken on this subject, will take place in conjunction with AIDSCAP, the AIDS control and prevention project.

C. Women and AIDS

36. The United Nations Development Programme (UNDP) and WHO, in consultation with the United Nations Division for the Advancement of Women, prepared a position paper on women and AIDS, reflecting concerns throughout the United Nations system; and it was used at regional conferences organized during 1994 by the five regional commissions in preparation for the 1995 Fourth World Conference on Women in Beijing. Further input to the Beijing conference included a consultation in February 1995 that brought together politicians and senior policy makers on gender issues and AIDS and produced recommendations for transmission to the Commission on the Status of Women, the body responsible for

preparing for the conference. A "resource package" containing practical tools for making AIDS prevention programmes more "gender-sensitive" is being prepared for distribution at the Beijing conference. A paper was written on the epidemiology of biological, behavioural, sociodemographic and sociocultural gender-related risk factors for HIV/AIDS.

D. Sexually transmitted diseases

37. In January 1994, WHO assumed responsibility for providing the secretariat of the Sexually Transmitted Diseases Diagnostic Initiative (SDI) - a group of agencies, laboratory and public health experts and participating centres which, through a directed programme of research, seeks to design and make available rapid diagnostic tests that can be used at first-line health facilities in developing countries. An information meeting, attended by 32 companies interested in such tests, was held in September; and follow-up research and development activities were initiated.

38. A database for estimating the global annual incidence of STDs was assembled for use by national AIDS programmes, donors, academic institutes, foundations and others. In addition, guidelines were developed on assessing the extent of STDs and the delivery of prevention and control services, and on establishing a surveillance system to monitor future trends and anticipated need for services. Information on policies, features of STD services (e.g. vertical or horizontal, primary or secondary) and existing laws related to STD control programmes in individual countries was analysed and a report is in preparation.

39. Flow-charts for case management of the most common syndromes of sexually transmitted diseases were designed in 1993 and are being evaluated in Ghana, India, Jamaica and Sri Lanka. A training module on syndromic case management was developed and field-tested in November. Operational research studies were initiated in Thailand and Viet Nam on the feasibility of integrating HIV/STD services into maternal and child health (MCH)/family planning programmes. Assistance was also given in the formulation by the Special Programme of Research, Development and Research Training in Human Reproduction of a proposal to analyse reproductive health needs and conduct appropriate research within WHO.

E. Avoidance of discrimination/promotion of human rights

40. WHO's policy of withholding sponsorship of international AIDS conferences in countries that place short-term travel restrictions on HIV-infected people and people with AIDS was approved by the Administrative Committee on Coordination (ACC) in October 1993 for application throughout the United Nations system. According to this policy, WHO and other organizations of the United Nations system will not sponsor, co-sponsor or financially support international conferences or meetings on AIDS in countries that have entry requirements that discriminate solely on the basis of a person's HIV status. WHO guidelines on HIV infection and AIDS in prisons, 5/ issued in March 1993, provide standards - from a public health perspective - which prison authorities should strive to achieve in their efforts to prevent HIV transmission and to provide care to

those affected by HIV/AIDS. In early 1993 the Programme issued a statement, emanating from a consultation (November 1992), urging that mandatory testing and other testing without informed consent should not be used in AIDS control programmes, and indicating the advantages of voluntary testing and counselling. A document setting out the public health rationale against mandatory testing aimed at the general public was prepared and issued in 1994.

41. During 1994, the Programme continued to assess national AIDS programmes on the basis of medium-term plans and reports of external reviews, to ensure their adherence to human rights principles and to provide technical advice where necessary. At the request of three Governments, comments were provided on draft HIV/AIDS legislation. During the year the WHO Global Programme on Aids country-specific human rights database was modified to improve the Programme's follow-up capacity. A meeting of experts working in the fields of HIV/AIDS, human rights, public health and the movement of populations was held in October 1994 as part of the development of a WHO policy on long-term travel restrictions imposed on people living with HIV/AIDS.

F. Collaboration with non-governmental organizations

42. The Programme's promotion and support of NGOs during the period 1989-1992 was assessed in 1993. The assessment demonstrated that considerable support had been provided to NGOs and confirmed the need for the Programme to continue and expand such work in the following areas: advocacy for participation of those organizations in the development of government policies and programmes; support to international, regional and national networks of NGOs in order to increase their knowledge and skills relating to HIV/AIDS; and encouragement of greater coordination among NGOs, and between them and national AIDS programmes in carrying out activities. Ways in which the Programme and NGOs could work together more effectively were explored through a consultative process.

43. During 1994 the Programme continued to consult a variety of NGOs, community-based organizations and groups representing people living with HIV/AIDS, in order to determine ways of working with them more effectively and also to produce guidelines on how to improve their collaboration with national AIDS programmes. Support was provided to major networks of NGOs actively concerned with HIV/AIDS, and consultations were held with religious and other networks not yet active in order to stimulate their involvement. The role of NGOs as partners in policy and programme development at global and national levels was supported in a variety of ways. Activities to support community responses focused on collaboration and partnership-building between Governments and NGOs and also amongst such organizations, as well as capacity-building within the non-governmental sector.

G. Advocacy

44. During 1994, the Programme continued to focus the world's attention on HIV/AIDS in order to combat complacency and denial of the problem. Further to the Dakar declaration on the AIDS epidemic in Africa adopted by the heads of State and Government of the Organization of African Unity (OAU) in 1992, 6/ at

its thirtieth session in June 1994, the Heads of State and Government of OAU adopted a declaration on AIDS and the Child in Africa, 7/ based on a background document prepared by WHO and reviewed by the OAU ministers of health. Other international and regional meetings where WHO took the opportunity to advocate a stronger response to the pandemic included the Kuwait fourth international conference on AIDS (March); a meeting on the role of women in AIDS prevention and control in the Eastern Mediterranean (Egypt, May); the Economic Commission for Africa panel on HIV/AIDS in Africa (Ethiopia, June); and the tenth international AIDS conference (Japan, August). In addition several missions were fielded at a high level in order to promote greater political commitment by individual Governments to national AIDS control efforts.

45. At the Paris AIDS Summit, jointly convened by the Government of France and WHO on 1 December 1994, a declaration was signed by all heads of Government or their representatives attending for the 42 invited countries. In its resolution EB95.R14, the Executive Board welcomed the declaration and the seven initiatives spelled out therein and requested the Director-General, within the framework of the joint and co-sponsored United Nations programme on HIV/AIDS, and in close cooperation with its Executive Director, to contribute to their implementation.

46. Public information continued to play a significant role in advocacy. Emphasis was placed on stimulating media coverage of key messages about HIV/AIDS and providing information to policy makers and the general public. During 1994, 15 press releases were distributed, video news footage was prepared for the Tenth International Conference on AIDS and, in cooperation with UNDP, two short video features were distributed to more than 180 countries and broadcast worldwide by satellite. Media strategies were developed for several major events, including the international AIDS conference and the Paris AIDS summit. By the end of 1994 the Programme's quarterly newsletter, Global AIDSnews, was being distributed in 36,000 copies per issue - 28,500 in English, 5,750 in French and 2,000 in Arabic. In addition, the People's Medical Publishing House of Beijing translated each 1993 issue and distributed 2,000 copies to addresses in China.

47. Reflecting the fact that 1994 was the International Year of the Family, the theme chosen for the seventh World AIDS Day on 1 December was "AIDS and the family". After consulting non-governmental and United Nations system organizations, and incorporating contributions from these sources, three World AIDS Day newsletters were published focusing on the effect of AIDS on families and the role they can play in AIDS prevention and care, together with a small colour poster bearing the slogan "Families take care". Comprehensive resource packs of relevant documents were dispatched to all national AIDS programmes.

H. Activities carried out in 1993-1994 in collaboration with other organizations and specialized agencies of the United Nations system

48. The Inter-Agency Advisory Group on AIDS, for which WHO serves as secretariat, met twice during the year (Geneva, April; New York, November). The existing 15 United Nations system programmes and organizations which are members welcomed a request for membership from the United Nations International Drug

Control Programme. Among the items considered at the meetings were the preparation of a joint position paper on women and AIDS for the Fourth World Conference on Women; the development by WHO, in consultation with the United Nations Medical Service and the Department of Peace-Keeping Operations of the United Nations Secretariat, of health education materials related to the prevention of HIV infection among peace-keeping forces; and the production by the Office of the United Nations High Commissioner for Refugees (UNHCR) and WHO of a minimum package for HIV/AIDS prevention and care in emergency situations.

49. In July 1994 the Economic and Social Council endorsed the creation of a joint and co-sponsored United Nations programme on HIV/AIDS and called on the six co-sponsors (UNDP, UNICEF, the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), WHO and the World Bank) to work together to prepare a detailed proposal for submission to the Council.

50. In December 1994 the Committee of Cosponsoring Organizations met for the second time and unanimously recommended Dr. Peter Piot as Executive Director of the programme for a period of two years starting on 1 January 1995, from which time he was to oversee the work of the transition team, including the preparation of the detailed proposal requested by the Council.

51. At the 1994 session of the United Nations Subcommission on Prevention of Discrimination and Protection of Minorities, WHO provided technical advice on the drafting of a resolution on HIV/AIDS and non-discrimination, and organized a briefing on HIV/AIDS and human rights. Briefing sessions were also organized for the United Nations Committee on the Rights of the Child, and the United Nations Committee on Economic, Social and Cultural Rights. At a meeting organized by the International Labour Organization (ILO) in October 1994 on population and development, the Programme provided technical input on the subjects of family planning, mobility of populations and the socio-economic impact of AIDS, including human rights issues.

52. A project on the control of maternal and congenital syphilis in Lusaka Province, Zambia, launched by UNICEF with technical assistance from WHO, was reviewed and a decision made to extend it to other provinces in 1995. Joint WHO/UNICEF intervention guidelines for the control of maternal and congenital syphilis are to be published in 1995. WHO also participated in meetings of UNICEF's five technical support groups for HIV/AIDS in the following areas: mass communication and community mobilization; sexual and reproductive health promotion; family and community care; school-based interventions; and youth and health development promotion. The aim of each group is to provide technical advice and some financial support for pilot activities in selected countries. WHO staff were designated as members of each of the groups.

53. The UNDP/WHO Joint Consultative Group, established for the UNDP regional project on strengthening multisectoral and community responses to the HIV epidemic in Asia and the Pacific, met twice during the year (New Delhi, April; Viet Nam, December) with the participation of WHO headquarters and the three regional offices concerned. WHO also provided technical input to the project in respect of legal and economic networking and NGOs. Following an evaluation of the UNDP regional project on confronting the socio-economic impact of HIV/AIDS

in sub-Saharan Africa, WHO participated with other United Nations bodies in drafting a new project document including activities such as training and support to legal networks.

54. WHO provided technical assistance to the World Bank in country assessment missions for STD programme development and support in four countries. The two organizations collaborated closely in the formulation of a World Bank-financed regional HIV/AIDS project for South-East Asia, which will serve Cambodia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, particularly in promoting regional policy analysis and dialogue and supporting the implementation of priority strategies and multisectoral initiatives. The World Bank and WHO are also developing a regional initiative for West African countries, focusing on intervention projects related to migration.

55. During the year, in collaboration with UNESCO, a resource package on the design of school AIDS education for use by curriculum planners, teachers and students (12-16 years) was published, and the final evaluation report of WHO/UNESCO pilot projects on school AIDS education (1988-1993) was issued.

III. ACTIVITIES CARRIED OUT IN 1993-1994 BY ORGANIZATIONS AND SPECIALIZED AGENCIES OF THE UNITED NATIONS SYSTEM

A. Centre for Human Rights of the United Nations Secretariat

56. In the field of HIV/AIDS, the efforts of the Centre for Human Rights of the United Nations Secretariat are essentially focused on the human rights aspect of the issue. HIV/AIDS-related discrimination is a contravention of the fundamental principle of non-discrimination, as reaffirmed most recently in the Vienna Declaration and Programme of Action. 8/ The challenges presented by HIV/AIDS require renewed efforts to ensure universal respect for and observance of human rights and fundamental freedoms for all. The Centre for Human Rights' Legislation and Prevention of Discrimination Branch, at the level of the Commission on Human Rights and the Subcommission on Prevention of Discrimination and Protection of Minorities, has been active in the implementation of the following resolutions in 1993 and 1994.

57. In 1993, the Commission adopted resolution 1993/53, which took note of the progress reports of the Subcommission's Special Rapporteur on HIV/AIDS-related discrimination. At its fiftieth session in 1994, the Commission adopted resolution 1994/49, in which it requested the Secretary-General to prepare for the consideration of the Commission at its next session a report on international and domestic measures taken to protect human rights and prevent discrimination in the context of HIV/AIDS and make appropriate recommendations thereon. 9/

58. The Special Rapporteur on discrimination against HIV-infected people or people with AIDS submitted his conclusions and recommendations 10/ in August 1993 to the Subcommission on Prevention of Discrimination and Protection of Minorities.

59. In August 1994, the Subcommission adopted resolution 1994/29 requesting the Commission on Human Rights to approve the organization by the Centre for Human Rights of a second international expert consultation on human rights and AIDS, with particular emphasis on the prevention of AIDS-related discrimination and stigma. In its resolution 1995/44 of March 1995, the Commission requested the High Commissioner for Human Rights to reflect on the possibility of organizing such an expert consultation.

B. United Nations Children's Fund

60. In many parts of the world, HIV, the causative agent for AIDS, is becoming a leading cause of child mortality, morbidity and suffering, a leading cause of death among young people, as well as a major threat to social and economic development. Of the 15 million people that WHO estimates to be infected with the virus, nearly half are young people under the age of 30 and mostly and increasingly women of reproductive age. Children are affected by the pandemic in many ways: directly, through transmission of the virus from mother to child, or indirectly through the impact of HIV/AIDS on the family, the community and the stretching of scarce national resources allocated to child survival and development. WHO estimates that as of late 1993 about 1 million children had been born with HIV, most of whom will die before their fifth birthday, and 2.5 million others had lost one or both parents as a result of AIDS. As many as 5 to 10 million will be orphaned by the end of this century, with 90 per cent of these children being in Africa.

61. Currently, over 80 per cent of new HIV infections occur in the developing world. While the problem has been most striking in sub-Saharan Africa, it is emerging everywhere in the developing world and requires urgent attention. In contrast, only about 5 per cent of global resources for AIDS prevention and care are spent in developing countries. During 1993-1994, approximately 60 per cent of these resources were programmed on a multilateral basis, largely through the WHO Global Programme on AIDS. UNICEF has substantially increased its involvement in HIV/AIDS prevention and care, mostly through reallocation of resources within country programmes.

62. The WHO Global Programme on AIDS has provided technical and other leadership within the United Nations system in response to the HIV/AIDS pandemic and has worked closely with other United Nations agencies to incorporate HIV/AIDS prevention and care activities into their programmes of assistance. While great progress has been made in the first decade of this epidemic, there remains a greater need for multisectoral and social mobilization programming. This requires increased emphasis on coordinating the efforts within the United Nations and among all key actors operating in developing countries, including bilateral agencies.

63. UNICEF was actively involved and supportive in efforts to consolidate various coordinating mechanisms. These include the strengthening of the Inter-Agency Advisory Group on AIDS (IAAG), the main forum for coordination of HIV/AIDS programme within the United Nations system; the creation of a task force on HIV/AIDS that addresses coordination between United Nations and bilateral agencies, NGOs and others engaged in similar efforts; and, the

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establishment of a joint and co-sponsored United Nations programme on HIV/AIDS. The process to establish the joint programme has involved close consultation amongst the United Nations partners - WHO, UNDP, UNFPA, UNESCO, The World Bank and UNICEF. Initially this involved an inter-agency working group, which was followed by a transition team to establish the new Programme in accordance with the relevant resolutions of the Economic and Social Council.

64. During 1993 and 1994, UNICEF has worked within the framework of the global AIDS strategy to develop and implement HIV/AIDS prevention and care approaches that fit within its programme of assistance, focusing on women and youth and on the reduction of the impact of HIV/AIDS on children. These approaches are well described in the following publications: AIDS: the Second Decade - A Focus on Woman and Youth; Progress report on UNICEF programme activity in the prevention of the human immunodeficiency virus and in reducing the impact of acquired immune deficiency syndrome on families and communities; Young People in Action (report of the Eighth International Conference on AIDS in Africa, Marrakech, 1993); and Action for Children Affected by AIDS - Programme Profile and Lessons Learned.

65. UNICEF has recognized the broader societal determinants of the spread of HIV - particularly the status of women and youth - and seeks to address these through multisectoral programmes. Principal emphasis has been on sustainable partnership development in the areas of youth health and development promotion with youth and community organizations; school-based interventions with the education system, students, parents and teachers associations; sexual and reproductive health promotion with the health system, youth, women and men's groups; mass communication and social mobilization with the entertainment industry and the mass media; and family and community care with NGOs, religious institutions and local (community-based) organizations.

66. In an effort to develop and accelerate programming approaches in these areas that demonstrate "proof of principle" at scale, UNICEF's major emphasis has been in approximately 30 strategic programming countries, representing the main geographic regions of the developing world and each focusing specially in one of the programming areas described above. Support to the efforts of these lead programming countries is provided through the five technical support groups in each of the subject areas. The technical support groups are comprised of UNICEF programme officers from strategic programming countries, headquarters and regional offices and representatives of collaborating technical agencies. Key partners in the technical support groups initiatives include WHO (WHO Global Programme on AIDS, adolescent health, mental health, STD and women's health, health education divisions), the Pan American Health Organization (PAHO), UNDP, UNFPA, UNESCO, Family Care International, Family Health International (AIDSCAP), the International Children's Center, International Planned Parenthood Federation, ICHAR (Karolinska Institute), Ogilvy Adams and Rinehart, Rockefeller Foundation, the Salvation Army, the Centers for Disease Control (CDC) and the World Young Women's Christian Association (YWCA) among others.

67. In recent months, the growing appreciation of the impact that youth health and development promotion have on the achievement and sustainability of the World Summit for Children's year 2000 goals has been increasingly evident. Although it was HIV/AIDS that more sharply focused UNICEF's attention on young

people, it is clear that a number of other health behaviours that start during adolescence also need to be addressed, including other STDs, adolescent pregnancy, substance abuse, violence and poor nutrition. The strategic programming countries that are concentrating their efforts in this area (including the Philippines, Uganda, Rwanda, the West Bank and Gaza) have been able to synthesize and document situation analyses, policy review and development and programming options. They are also exploring the priorities for meeting the needs of youth in acute and chronic emergencies, and designing approaches to involving young people as a resource in a way that contributes to their health and development.

68. Another key area for youth health and development promotion is school-based interventions. The objective of these efforts is to provide young people in schools with both basic health education and the "life skills" needed to make informed decisions. Health education and curriculum development, including components on HIV/AIDS prevention, are the programme areas of concentration for Zimbabwe, Thailand and the Caribbean nations. Extracurricular activities, including school health clubs and after-school services are the key elements of innovative initiatives in Cameroon and other countries.

69. There are now a range of programming examples in UNICEF offices for the use of mass communication and mobilization strategies to address youth health issues, including HIV/AIDS: youth involvement in national radio broadcasts (Côte d'Ivoire); technical assistance to radio talk-back programmes (Senegal); journalists' training (Egypt); evaluation of the impact of a television and radio drama that focuses on health issues (South Africa); work with national television and prominent football teams (Honduras); and the expansion of Straight Talk, the youth and sexuality newspaper initiated in Uganda, to other countries. From these and many other experiences, a series of working instruments for use by UNICEF offices are being developed, including guidelines and key questions for conducting situation analysis and programme planning, and a series of programming examples with key universal principles for action. The range of UNICEF country offices involved in the technical support group process has expanded from 7 to 10 as have the number of partners with organizations as diverse as Children Television Workshop, AIDSCAP and the German Agency for Technical Cooperation all involved in supporting country and global programming.

70. Sexual and reproductive health promotion is another approach that seeks to provide quality and user-friendly sexual and reproductive health services through the primary health care system in a manner that facilitates partnership-building involving the health sector, women and youth organizations. The approach utilizes mechanisms already developed through ongoing programmes and strategies supported by UNICEF and partners such as the Bamako Initiative (Benin), the health service reform efforts and decentralization (Zambia, Swaziland) and advocacy programmes (Colombia). These efforts have contributed to the design of quality and user-friendly services for STD prevention and care and HIV counselling (Myanmar, Benin) and for maternal syphilis prevention and control (Zambia). The sustainability of STD prevention and care services has been addressed through cost-sharing in the context of the Bamako Initiative strategy (Benin).

71. In the area of family and community care, UNICEF has developed sustained partnerships over the past years with religious institutions, non-governmental and community-based organizations in eastern and southern Africa to address the needs of children and families affected by AIDS. In 1994, WHO and UNICEF joined efforts to document the impact of HIV/AIDS on children and innovative responses to the needs of these children in their joint publication Action for children Affected by AIDS - Programme Profiles and Lessons Learned. The document is meant to raise awareness of the pandemic's profound consequences for children and share experience among those with an interest in children and all those who carry responsibility for responding to the many challenges posed by HIV/AIDS, including policy-makers, programme planners and those working directly with children.

72. UNICEF is now working as part of the new United Nations programme on AIDS. Through that framework, it is seeking effective ways to ensure that the HIV-related components of these initiatives are a central part of that coordinated approach to HIV/AIDS action. Preparations are under way for a detailed review, together with the Joint Programme, of UNICEF's experience in over 30 strategic programming countries. This review will seek to synthesize the work of the inter-agency technical support groups and to harmonize these continuing efforts with the work of the Joint Programme.

C. United Nations Development Programme

73. Since the last report to the General Assembly and the Economic and Social Council of the Director-General of WHO, UNDP has continued to work within the framework of the WHO/UNDP Alliance to Combat AIDS and the memorandum of Understanding signed by both agencies to facilitate the implementation of the Alliance.

74. The primary focus of the UNDP HIV and development programme is to learn the lessons of what works and what does not, namely, to understand development practice in this area better and to strengthen national capacity to develop effective and sustainable community-based and multidimensional programmes. Within this context and in collaboration with many development partners, UNDP has initiated and supported a broad range of activities. The HIV and development programme is contributing to the global response to the epidemic by assisting countries to understand better the interdependent relationships between development and the HIV epidemic and to strengthen understanding of its potential psychological, social and economic impact. The approach adopted includes advocacy, training workshops, discussion papers, seminars, the development of multisectoral planning tools and participatory and community-based monitoring, documentation, evaluation and programme development approaches. The programmatic approaches and processes being identified and developed take into account the complexity of behaviour change and of support to those affected, locating the processes of change within the community itself while strengthening the institutional infrastructure required for programme and policy development.

75. One example of the importance that UNDP places upon working in partnerships has been the creation of the partnership programme to enhance national capacity

to analyse and respond to the psychological, social and economic determinants and consequences of the HIV epidemic. The main focus of UNDP in this area is to assist selected communities, academic institutions and countries to create and strengthen their capacity to undertake HIV-related action-oriented research to analyse the data and findings in a manner that would be directly relevant to national programme and policy development and to assist community organizations, programme managers, other government officials, activists and leaders to assess and redesign their policies and interventions in the light of the research findings. The programme is currently concentrating on facilitating the work of research teams in the Central African Republic, Kenya, Senegal and Zambia through partnerships with resource persons and academic institutions from different regions of Africa, North America and Europe.

76. An important part of UNDP's approach to ensuring an effective and sustainable response to the epidemic has been the establishment of a protective and supportive legal, ethical and human rights environment. The approach has been based on two critical components: global advocacy of these issues and the development of a local capacity to develop appropriate responses through the establishment of national and regional networks on human rights, law and ethics. Programme activities to date in this area have concentrated on facilitating the establishment of national and regional networks on ethics, law and HIV in Africa, Asia and the Pacific, and Latin America and the Caribbean, through exploratory missions, technical assistance, seed funds for establishing national networks, planning meetings and intercountry consultations. An intercountry consultation that led to the formation of the regional network of Asia and the Pacific on law, ethics and HIV was held in May 1993 in the Philippines. This consultation brought together members of 15 national networks from the Asia/Pacific region. The intercountry consultation of the African network on ethics, law and HIV, which launched this regional network on 1 July 1994 in Senegal, united eight national networks and has provided the impetus for additional African countries to form networks.

77. UNDP's work within the HIV epidemic has also stressed the crucial importance of partnerships with organizations of people living with HIV and AIDS and with organizations that support them in all regions within UNDP's mandate. One manifestation of such partnerships was the First Conference of the Network for African People Living with HIV/AIDS, held in Kenya in May 1994, which brought together people from 13 French- and English-speaking African countries and the subsequent launching of this network.

78. UNDP has also been instrumental in the establishment of a civil-military alliance to combat the HIV epidemic, thus also linking issues of national security to the processes of development.

79. UNDP's focus on supporting and implementing programmes to assist and empower women to respond to and survive within the HIV epidemic is integrated into all of its programme and policy initiatives. The approach has been to identify and address the particular factors - cultural, social, legal, psychological and economic - which make women vulnerable, whilst at the same time recognizing that the issues relevant to men's behaviour and vulnerabilities must also be addressed. UNDP has brought to the issues surrounding women and HIV the experiences and lessons of three decades of work on women and

development. The identification of issues relating to the particular vulnerability of young women and post-menopausal women to HIV infection was the subject of a UNDP study on young women and HIV. This study, along with other publications, has had a critical impact on revisions to research and programme priorities in this area.

80. A number of additional key areas related to the socio-economic causes and consequences of the HIV epidemic are examined in UNDP's Issues Paper series, including the economic impact of the epidemic, people living with HIV (law, ethics and discrimination), placing women at the centre of the analysis, behaviour change (analogies and lessons from the experience of homosexual communities), the role of the law in HIV and AIDS policy, children in families affected by the HIV epidemic, and many others. UNDP publications also include documents on AIDS in Asia, HIV and development in Africa and, most recently, a book entitled "HIV and AIDS: the Global Interconnection", which brings together chapters written from different perspectives by activists, government officials, educators, health-care workers, artists, journalists and others from around the world. Their stories of living with and responding to HIV demonstrate that HIV and AIDS are not only a challenge facing individuals, but a challenge facing families, communities, nations and the entire world. These publications are consistently distributed to all of UNDP's 132 country offices, as well as other partners and interested nongovernmental and community-based organizations, particularly those seeking insight on how to respond to the HIV epidemic in developing countries.

D. United Nations Population Fund

81. UNFPA provides support for HIV/AIDS prevention and control activities in line with national AIDS control policies and programmes, and within the scope of the overall global AIDS strategy. UNFPA AIDS prevention activities are integrated into ongoing programmes and projects in the population sector, particularly, MCH/family planning (MCH/FP) service delivery and information, education and communication programmes and projects.

82. UNFPA support for HIV/AIDS prevention activities during 1993 and 1994 focused on the following areas: (a) education and communication, including the in-school and out-of-school population and family-life education, and public information and education activities on HIV/AIDS; (b) MCH/FP services, including support for preventive counselling on HIV/AIDS and the widespread distribution of condoms and spermicides as part of MCH/FP service programmes, and equipment and supplies for the protection of MCH/FP personnel, including traditional birth attendants; (c) training, including the incorporation of HIV/AIDS education and information components into all pertinent training programmes, particularly those for service providers and counsellors; and (d) research, including sociodemographic, operational, and biomedical research.

83. UNFPA supported HIV/AIDS prevention activities in over 90 countries during 1993 and 1994. Increasing attention was given to activities addressing the reproductive health needs of women, youth and adolescents. In many of these HIV/AIDS prevention activities, UNFPA collaborated closely with various United Nations agencies and organizations such as the ILO, UNDP, UNICEF, UNESCO and

WHO, and with several NGOs. The latter have included the Algerian Association of Family Planning, the Belize Family Life Association, the Burundi Association for Family Welfare, the Cook Islands Child Welfare Association, the Family Life Association of Swaziland, the Family Planning Association of Turkey, the Fédération Togolaise des Associations et Clubs UNESCO, the Fijian Council of Women, the Guyana Responsible Parenthood Association, the Groundwork Theatre in Jamaica, the Social Marketing Network in Haiti, the Syrian Family Planning Association, the Tata Institute for Social Sciences in India, and the World Scouts Bureau in Kenya. During 1994, the Fund prepared and distributed the 1993 AIDS Update, an annual publication highlighting UNFPA's support for HIV/AIDS prevention activities around the globe.

84. In 1993 and 1994 UNFPA supported several regional and interregional activities in the area of HIV/AIDS prevention. In the Africa region, HIV/AIDS prevention modules were incorporated in the training programme in clinical skills offered in Mauritius; in the population and communication regional training programme in Kenya; and in the Portuguese-language training programmes in clinical skills in Mozambique and Sao Tome. In the Asia and the Pacific region, UNFPA provided support to the UNESCO-executed regional project on population education and communication. During 1993-1994, project activities included the dissemination of AIDS prevention information materials for adolescents; translation of teaching materials on AIDS education from Thai into English; and collaboration with other United Nations agencies in the workshop held in the Philippines on the economic implications of HIV/AIDS.

85. In the Latin America and the Caribbean region, HIV/AIDS prevention information was included in the educational materials developed by the UNFPA-supported project on population education for out-of-school rural youth in Central America. The institutional capacity of rural youth organizations has been strengthened so as to enable them to disseminate directly population education and AIDS-awareness messages to their target audience of youth in rural areas, and to policy makers. In addition, under the UNFPA-supported and PAHO-executed project on quality of care in family planning services, regional workshops have been organized to test a model on women's reproductive health services. The model includes a component on HIV/AIDS prevention.

86. At the interregional level, UNFPA participated actively in meetings to develop the joint and co-sponsored United Nations programme on AIDS. This included the assignment of a senior technical officer to the Geneva-based transition team to assist in the preparation of a comprehensive proposal to be submitted to the Economic and Social Council.

87. Additionally, to promote and enhance coordination of HIV/AIDS prevention activities, UNFPA participated in meetings of the Inter-Agency Advisory Group on AIDS and the WHO Global Programme on AIDS Management Committee. Financial support was provided by UNFPA to the Management Committee Task Force on HIV/AIDS coordination for the publication of the biennial report on HIV/AIDS activities. Under the auspices of the Joint Consultative Group on Policy, UNFPA supported and actively participated in the inter-agency training of trainers on HIV workshops organized in Zimbabwe in 1993 and in Senegal and Colombia in 1994.

88. UNFPA worked closely with WHO in preparing estimates for condom requirements for HIV/AIDS prevention as part of in-depth studies in Turkey, Viet Nam, the Philippines (during 1993), Bangladesh, Brazil and Egypt (during 1994) undertaken within the framework of the Fund's Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s. UNFPA also published and disseminated a technical report entitled "Contraceptive Use and Commodity Costs in Developing Countries, 1994-2005", prepared in collaboration with the Population Council. The report includes global estimates of condom requirements for STD/AIDS prevention, prepared by WHO.

89. UNFPA also provided support to the WHO project on family planning technologies. Under this project an integrated version of the guidelines on HIV/AIDS prevention in MCH/FP programmes is being developed. Support has also been provided to a WHO project focusing on reproductive health and adolescence, which incorporates HIV/AIDS prevention activities.

90. In 1993, the World Assembly of Youth, with support from UNFPA, disseminated information to youth and youth organizations on issues including population and development, adolescent health, sex education, drug abuse prevention, and HIV/AIDS prevention. UNFPA provided support to the Population Council's International Committee for Contraception Research, which includes the development of microbicides/spermicides that protect against STDs, including HIV/AIDS.

91. During 1993, UNFPA prepared the main background document for the round table on the impact of HIV/AIDS on population policies and programmes that was organized as part of the preparatory process for the International Conference on Population and Development.

92. The International Conference on Population and Development, held in Cairo from 5 to 13 September 1994 clearly identified HIV/AIDS prevention as an important component of reproductive health and thus reaffirmed the approach already begun by UNFPA in this area. As part of the follow-up to the International Conference on Population and Development, UNFPA organized in December 1994, an expert consultation on reproductive health and family planning: directions for UNFPA assistance. Inputs from this meeting together with the recommendations of the International Conference will serve to develop further and enhance UNFPA support for HIV/AIDS prevention activities.

E. Office of the United Nations High Commissioner for Refugees

93. During 1993-1994, in collaboration with WHO, NGOs and local authorities, UNHCR carried out numerous assessments of activities being undertaken to ensure that STD/HIV/AIDS prevention and care are being addressed systematically in refugee camps. This has resulted in the institutionalization of HIV/AIDS activities as an integral part of the health-care delivery systems in refugee camps. It also highlighted the need to develop practical guidelines for (a) the prevention of the transmission of HIV/AIDS including management of curable STDs, condom promotion and distribution as well as blood safety and (b) the care and

support of refugees with HIV/AIDS (e.g. the WHO recommendations for the prevention of HIV/AIDS in Rwanda).

94. UNHCR addressed the situation of violence against women and the type and quality of reproductive health services, including existing infrastructures, gaps, resources and projects designed to prevent, treat and protect refugee women against rape, sexual abuse and forced prostitution. This resulted in the development of guidelines for field staff on violence and rape among refugees which were issued in March 1995, entitled "Sexual Violence Against Refugees: Guidelines on Prevention and Response".

95. In collaboration with other United Nations system agencies and bilateral organizations, the Office undertook studies on knowledge, attitude and behaviour in several countries so as to streamline HIV/AIDS activities within the framework of national AIDS programmes.

96. Given that condoms offer effective protection against the sexual transmission of HIV if consistently and correctly used, UNHCR took a policy decision to begin the systematic inclusion of condoms in relief supplies at the outset of every emergency. This has encouraged implementing partners to treat HIV/AIDS as a priority issue in refugee health care. UNHCR promotes coordination between national AIDS programmes, United Nations system agencies and the NGOs involved in refugee health care in order to ensure effective and technically sound programme formulation and implementation, consistent with the global AIDS strategy.

F. United Nations International Drug Control Programme

97. The United Nations International Drug Control Programme (UNDCP) implements the global AIDS strategy primarily by helping to design and fund projects in developing countries. The main regions of the world where HIV infection is spread via drug abuse are in Latin America and Asia. In Latin America, and Brazil in particular, where there is evidence that cocaine is injected, there is an acute problem. UNDCP has contributed US$ 2,300,000 towards a US$ 9 million World Bank project that aims to reduce or stabilize the transmission of HIV among injecting drug users in 10 priority States by providing outreach services (including needle exchange) and treatment. The project also aims to prevent drug abuse and HIV transmission among the general population, with an emphasis on those with high-risk behaviours, such as prostitutes and street children. The project started in 1994 and will run for three years.

98. UNDCP undertook studies in Myanmar and Viet Nam on injecting drug use and HIV infection. Based on the findings a subregional project for prevention of HIV and other harmful consequences of injecting drug use is in the process of formulation. The countries included are Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

G. International Labour Organization

99. During 1993-1994 the AIDS-related activities of ILO focused on four interlinked areas: protecting the employment rights of HIV-positive persons or persons with AIDS; promoting public information and education about AIDS in the workplace, through companies and through employers' and workers' organizations; protecting the health of workers who are occupationally exposed; and analysing the consequences of AIDS on human resources and labour supply and on social security schemes.

100. Education activities within national projects on population and family welfare education deal with issues of reproduction, responsible sexual behaviour, family health, contraception and AIDS education. AIDS was also a component of ILO projects on cooperatives and public works programmes.

101. On the basis of earlier work on sexual protection in the workplace, global feminization of precarious labour and inequalities observed in labour markets and syntheses of data on teenage pregnancy in sub-Saharan Africa, ILO issued papers on general and labour issues in the spread of HIV/AIDS, socio-economic aspects of sex roles and reproductive health and female workers' sexual vulnerability: the need for workplace protection.

102. During the biennium, ILO continued to promote the adoption and application of national legislation, collective agreements and enterprise policies to deal with AIDS and the workplace, consistent with the principles set down in the joint WHO/ILO statement on AIDS and the workplace and the relevant international labour conventions, especially the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). This Convention includes the adoption of specific laws and regulations relating to recruitment, screening, confidentiality, training and information, social protection, etc. The ILO Committee of Experts on the Application of Conventions and Recommendations, which supervises the application by Member States of ratified Conventions, periodically examines information provided in Governments' reports concerning the application of Convention No. 111 on the measures taken, in legislation and in practice, to protect HIV-positive persons and persons with AIDS, against discrimination in employment. It has been proposed that the Convention could be revised to include specific mention of discrimination on the basis of health status.

103. As part of an international study on legislation and enterprise practice being carried out in 13 countries, national case studies have been completed or are being finalized by national consultants in Africa (Côte d'Ivoire, South Africa, Uganda); the Americas and the Caribbean (Brazil, Jamaica, Mexico, United States of America); Asia (India, Indonesia, Thailand); Europe (France, Poland, Switzerland). Results will be published by the end of the year, and may be submitted for discussion at a joint WHO/ILO meeting proposed for next year which would review the 1988 joint WHO/ILO statement on AIDS and the workplace and draw up a code of good practice.

104. ILO organized tripartite workshops on the methods of control of HIV/AIDS and protection of workers against discrimination, including development and implementation of enterprise policies related to testing, confidentiality, counselling, leave, medical care, insurance, occupational health and sexual

harassment. These themes were fully treated in the tripartite workshop on the role of organized sector in reproductive health and HIV/AIDS prevention organized in Uganda in November-December 1994 for 20 English-speaking African countries by ILO, with UNFPA's financial support and joint WHO/ILO technical assistance. The workshop was very well attended by 16 Governments, representatives of 17 employers' and 16 workers' organizations, and participants from the International Confederation of Free Trade Unions, the Organization of African Trade Union Unity and AIDSCAP. The possibility of holding a similar workshop for French-speaking African countries is being explored.

105. ILO carried out an intercountry study involving Rwanda, the United Republic of Tanzania, Uganda and Zambia on the impact of HIV/AIDS on the productive labour force. Among the issues to be addressed in the study are the incidence of HIV/AIDS among the productive labour force and the effects of the incidence on labour supply/employment; employment security and discrimination; labour productivity; labour mobility; wages and labour costs; education and training; and possible gender dimensions of the processes involved. The final report, expected to be published shortly, will be used in national workshops, which will in turn develop recommendations for policy formulation and action.

H. Food and Agriculture Organization of the United Nations

106. Field work was carried out in 1993 in connection with the study on the effects of HIV/AIDS on farming systems and rural livelihoods in Uganda, the United Republic of Tanzania and Zambia and the results presented at a seminar held in January 1994 with UNDP and the International Fund for Agricultural Development (IFAD). The study clearly demonstrated the impact of the epidemic on small farmers, in particular through loss of labour and resources resulting in a reduction of crop variety and production, a decline in yields, acreage and livestock production, an increase in pests and diseases of plants and cattle and, finally, the loss of extension services and the human capital of knowledge and management skills. These changes also affect the food security of the rural household. The methodology used in the study was reviewed in June 1994 at a meeting of the three country research teams. The methodology was based on rapid participatory rural assessments and the quality of the results was closely linked to the experience and composition of the research teams. National workshops were held to convey the results to national policy and decision makers in the three studied countries. On the basis of the East African experience, an extension and adaptation of the study are being considered for 1995 in West Africa.

107. The study served as an input to a section on AIDS in the State of food and agriculture presented to the FAO Council in November 1994. This was the first time that a section on AIDS was presented to the Council and debated by delegations. As a result, the FAO Council, in paragraph 16 of its report, regretted the global incidence and spread of HIV/AIDS, which was not just a health issue, but also had adverse implications for agriculture and food security. The Council urged FAO to continue monitoring the impact of HIV/AIDS and to cooperate as appropriate with WHO and other agencies in assessing the adverse effects on food security and to develop a preventive programme for the benefit of women in agriculture.

108. Three other FAO projects included significant activities in the area of HIV/AIDS: (a) Strengthening programmes for rural youth and young farmers in Uganda: as part of the field work a study on the socio-economic impact of HIV/AIDS on rural families, with special emphasis on youth, was carried out. During the second project phase an action programme for rural youth in Uganda was developed as a concerted effort of various government ministries and NGOs, which recommends addressing HIV/AIDS issues in an integrated manner in mainstream programmes for agriculture, rural development and youth; (b) Integration of population education into programmes for rural youth, (a UNFPA-funded interregional project for 1992-1996): the project builds upon an earlier project (INT/88/P98) which developed training modules for leaders of rural youth groups and aims at promoting the use of these materials in rural youth programmes; adolescent health and HIV/AIDS are a priority in the training activities. So far activities took place in China, Ethiopia, Viet Nam and Zimbabwe, and future pilots are planned in eastern Africa (the United Republic of Tanzania and Uganda), South America (Colombia and Peru) and Asia (Indonesia, Philippines and Thailand); (c) Population education methodologies for out-of-school rural youth in Central America became operational in May 1994. So far pilot train-the-trainers activities for rural youth in population education, including HIV/AIDS issues, have been carried out in Costa Rica and Nicaragua under the framework of FAO agroforestry and soil conservation projects. Institutional arrangements for pilot training in El Salvador, Guatemala and Honduras are currently being finalized. In 1995, a workshop for material development will be held, which will also produce updated educational materials on HIV/AIDS.

109. On World AIDS Day 1994, an internal FAO working group on AIDS organized a symposium opened by the Deputy Director-General, which focused on both the implications of the epidemic on the staff and on the programme of work of the organization. Colleagues from WFP and IFAD were invited. It was decided to follow up the symposium with training seminars in 1995.

I. United Nations Educational, Scientific and Cultural Organization

110. During 1993 and 1994, UNESCO continued to provide technical assistance to member States and NGOs to develop and implement education strategies for AIDS prevention, adapted to their different sociocultural contexts. The final report synthesizing the evaluation results of seven WHO/UNESCO pilot projects on school AIDS education (1988-1993) was issued. It describes and provides examples of the integration of STDs and AIDS education into normal school curricula in Ethiopia, Jamaica, Mauritius, the Pacific islands, Sierra Leone, the United Republic of Tanzania and Venezuela. In collaboration with WHO, a resource package on the design of school AIDS education for use by curriculum planners, teachers and students (12-16 years) was published in 1994. In this connection, guidelines will also be finalized during 1995 for use by decision makers in ministries of education. An international seminar on the impact of HIV/AIDS on education was organized in France from 8 to 10 December 1993. Regional seminars on planning for AIDS education in schools have been held or planned: for Asia in India, 10-14 January 1994, for English-speaking Africa in Zimbabwe, January 1995; and for French-speaking Africa in Senegal, 1996. Work has begun

on the development of a prototype teachers' guide for secondary education and on a study on HIV transmission linked to injecting drug use.

111. The network "Man against virus", comprising 25 research institutions and virology laboratories in Europe, North America and Israel and managed by UNESCO's European Regional Office for Science and Technology in Venice, Italy (ROSTE) continued its work to coordinate basic research in virology with HIV/AIDS research as a priority. Its major activities included awarding research contracts to laboratories and scientists and promoting the exchange of information among members of the network. In 1993, it co-sponsored the organization of the Congress "Cancer, AIDS and Society" which took place at UNESCO headquarters in March. During 1994, the network was responsible for several important discoveries in relation to the following: (a) the role of apoptosis; (b) the cofactor role of certain mycoplasms; (c) the multiplier effect of the production of antibodies by a mucosal immunization effected before a parenteral injection of "immunosome"; and (d) strengthening the immunogenetic effect of the protein envelope of the virus by aggregation to a liposome, called "immunosome". Three members of the network were honoured in connection with these discoveries. ROSTE Technical Report No. 17 published in 1994, entitled "Scientific Reports from members of the European Network: Man against virus", contains an account of progress achieved in scientific and medical research in the area of HIV/AIDS, as well as new data on pathogenesis, the prevention and treatment of AIDS, mucosal immunity and the "immunosome" HIV vaccine. The network is continuing research on measuring the protective effect of the candidate vaccine and its possible application in man and the early treatment of HIV-positive subjects.

112. In January 1993, UNESCO established the World Foundation for AIDS Research and Prevention, an NGO that aims to create a worldwide network of observation and applied research to identify the most promising research avenues, particularly with an opening to other disciplines. Three applied research centres have been established in Côte d'Ivoire for Africa, in France and in the United States of America. The Foundation, in collaboration with UNESCO, has established a mobile chair for Ethiopia and Uganda with the aim of ensuring the training of specialists in AIDS prevention and education for groups of youth and children.

J. International Civil Aviation Organization

113. One of the main concerns of the International Civil Aviation Organization (ICAO) is to ensure the safety of flight operations. From the onset of HIV/AIDS and until recent years, there was little evidence that linked the risk of aviation incidents and accidents to the HIV status of the pilots. Consequently there are no provisions with regard to HIV/AIDS in any ICAO document. For licensing purposes, HIV and AIDS are covered together with other disorders and diseases within the medical provisions of chapter 6 of annex 1 to the Convention on International Civil Aviation. Thus an applicant is required to be free from any condition or disability that would entail functional incapacity likely to interfere with the safe operation of an aircraft. At an ICAO aeromedical seminar held in France in November 1989 at which problems of HIV and AIDS were discussed, the position taken by the medical officers present was that HIV

testing of applicants for aviation licences was neither necessary nor advantageous.

114. In recent years, there has been concern that subtle, but aeromedically significant neuropsychiatric changes may occur in an HIV-positive person who is otherwise asymptomatic. While detection of a neuropsychiatric deficit in an HIV-infected person at annual or semi-annual intervals could be sufficient to allow timely medical intervention, this may not be an adequate safeguard for aviation. Thus the medical debate concerning whether pilots infected with HIV should be permitted to pilot an aircraft continues. Many aeromedical specialists around the world now consider that international guidelines are required. ICAO is considering taking steps to revise and amend its medical provisions and guidance material.

K. World Bank

115. The World Bank first began to finance AIDS prevention and control activities in 1986, as components of broader health and social sector projects. In 1989 it approved its first project devoted predominantly to support of AIDS activities. By the end of fiscal year 1994 there were 5 such freestanding projects, and AIDS activities were included in over 40 human resource development and social sector projects in 30 countries. It is expected that at least one freestanding AIDS/STDs project will be approved by the Bank's Board in 1995, and that several others will have AIDS components.

116. The five freestanding projects support the programmes of the Governments of Brazil, Burkina Faso, Honduras, India and Zaire, and Bank commitments to these projects total US$ 328.4 million. Funding for AIDS components within broader health projects ranges from US$ 50,000 to US$ 21.5 million. In all, World Bank loans and credits for HIV/AIDS-related activities are valued at over US$ 500 million, and projects programmed for lending within the near future will bring another US$ 150 million to the field.

117. The projects support action in nine priority areas: promoting safer sexual behaviour, preventing unsafe drug-use behaviour, promoting safe blood supplies, providing condoms, providing care and support, providing voluntary counselling and testing, providing STD care, programme management improvements and research. In many of these areas NGOs are playing an important role. Although World Bank loans are made directly to Governments, recognition of the NGO contribution to AIDS prevention and control has led to considerable effort on the part of Governments to involve them in the design and implementation of projects, with the full support of the Bank.

118. The Bank's lending for AIDS activities is supported by two forms of analysis: sector work and research. Country-specific sector work precedes project lending and provides the basis for discussion with Governments and for project design. The Bank's research work has focused mainly on the economic and social impact of HIV/AIDS. In addition, the Bank complements its own activities - in lending, sector work and research - by support for WHO's Global Programme on AIDS, to which it contributes US$ 1 million a year.

Notes

1/ Document WHO/GPA/IDS/HCS/91.6.

2/ Document WHO/GPA/IDS/HCS/93.3.

3/ Document WHO/GPA/IDS/HCS/93.2.

4/ Document WHO/GPA/IDS/HCS/92.1.

5/ Document WHO/GPA/DIR/93.3.

6/ A/47/558, annex II, AHG/Decl.1 (XXVIII).

7/ A/49/313, annex II, AHG/Decl.1 (XXX).

8/ Report of the World Conference on Human Rights, Vienna, 14-25 June 1993 [A/CONF.157/24 (Part I)], chap. III.

9/ E/CN.4/1995/45.

10/ E/CN.4/Sub.2/1993/9.

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GENERAL ASSEMBLY
Fiftieth session
Items 42, 44 and 85 of
the preliminary list*
QUESTION OF PALESTINE
THE SITUATION IN THE MIDDLE EAST
REPORT OF THE SPECIAL COMMITTEE TO
INVESTIGATE ISRAELI PRACTICES
AFFECTING THE HUMAN RIGHTS OF THE
PALESTINIAN PEOPLE AND OTHER ARABS
OF THE OCCUPIED TERRITORIES

SECURITY COUNCIL
Fiftieth year

Letter dated 8 May 1995 from the Permanent Observer of Palestine to the United Nations addressed to the Secretary-General

In my capacity as Chairman of the Arab Group for May 1995, I have the honour to transmit to you herewith a copy of resolution No. 5487, entitled "The issue of Jerusalem", adopted by the Council of the League of Arab States at its extraordinary session held on Saturday, 6 May 1995.

I should be grateful if you would have this letter and its annex circulated as a document of the General Assembly, under items 42, 44 and 85 of the preliminary list, and of the Security Council.

(Signed) Nasser AL-KIDWA
Permanent Observer of Palestine
to the United Nations
Chairman of the Arab Group for May 1995

* A/50/50.

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ANNEX

Resolution No. 5487
adopted by the Council of the League of Arab States
at its extraordinary session on
7 Dhu'lhijjah A.H. 1415
(6 May A.D. 1995)
concerning
the issue of Jerusalem

The issue of Jerusalem

The Council of the League,

Having considered the letter dated 1 May 1995 from President Yasser Arafat to the Secretary-General of the Council of the League of Arab States, and the note of the General Secretariat,

Having considered also the resolutions adopted by the Arab Summit Conferences, by the Council of the League of Arab States and by Islamic Conferences; in addition to resolutions adopted by the United Nations and its specialized organizations which are concerned with the situation of the city of Jerusalem; as well as the contents of the speech made by H.E. the Secretary-General of the Council of the League of Arab States to this session,

Convinced that the Holy City of Jerusalem is an indivisible part of the Arab lands occupied since 1967, quite apart from its special significance for the Arab world as well as Islamic and Christian society,

Taking into consideration the threats posed to the city of Jerusalem by Israel's continuing implementation of its policy, particularly the Israeli Government's recent decision to expropriate Palestinian land in order to build settlements, thereby extirpating Palestinian Arabs and their rights from the holy city, and contradicting the foundations and principles of the peace process, which has as its basis Security Council resolutions 242 (1967) and 338 (1973), as well as the principle of land for peace, which began with the Madrid Peace Conference and was followed by other concessions and attempts to bring about a just and comprehensive peace,

Decides:

1. Unanimously to condemn the Israeli Government's decision to expropriate more Palestinian land within and around Jerusalem, which constitutes a violation of the precepts of international legality, a threat to international law and order, and a breach of relevant Security Council resolutions, as well as of the rules and principles of international law and the fourth Geneva Convention of 1949 relative to the Protection of Civilian Persons in Time of War, to say nothing of the extremely serious threat this decision poses to the entire peace process, upsetting the equilibrium of the obligations and rights which give the peace process credibility and make it acceptable.

2. Not to recognize under any circumstances any alterations made by Israel in its capacity as occupying State to the legal status, demographic composition or geographical form of the city of Jerusalem, and to call upon all the countries of the world to affirm their refusal to recognize such changes, which constitute a serious threat to the existing peace process and to the opportunities for peace both now and in the future, in accordance with Security Council resolution 478 (1980).

3. To deny Israel's claim that Jerusalem is its eternal capital, and refuse to recognize that under any circumstances; and to call upon every State in the world to refuse to have dealings with Jerusalem as the Israeli capital.

4. (a) That the Secretary-General and the Arab States should immediately contact the United States of America and the Russian Federation as sponsors of the peace process, permanent and non-permanent members of the Security Council and the States of the European Union, asking them to state plainly their position on these Israeli violations, which are incompatible with the requirements of the peace process.

(b) That the Arab States should support the Palestinian Arab presence and its institutions in the Holy City of Jerusalem.

5. (a) To commission the Kingdom of Morocco, by virtue of the Moroccan monarch's Presidency of the Jerusalem Committee, and the United Arab Emirates, in its capacity as Chairman of the current session, to request that an immediate meeting of the Security Council should be held in order to discuss the matter and declare the illegality of the Israeli decision, Israel's duty to rescind the decision to expropriate Palestinian land within and outside the city of Jerusalem, to halt its settlements programmes, bring to an end the closure of the city and cease all Israeli excavations which jeopardize the foundations of the Al-Aqsa Mosque, in order to guarantee the continuation of the peace process and achieve its aims, which are founded on the decisions of international law, Security Council resolutions 252 (1968), 267 (1969), 465 (1980), 476 (1980) and 478 (1980), the resolutions of the General Assembly of the United Nations and relevant UNESCO resolutions.

(b) To affirm the necessity of taking security measures to protect all public and private Palestinian land without exception, and to have the Security Council take into consideration the special situation in the city of Jerusalem.

6. That the Secretary-General should follow the implementation of this decision and the necessary communications to be made to the United Nations, the Organization of the Islamic Conference and the Group of the Non-Aligned Movement, and present a report thereon to the Council; and that it considers this session remains open.